

2005

Behavioral Risk Factor Surveillance System

Rhode Island

Behavioral Risk Factor Surveillance System 2005 RI Questionnaire

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Interviewer's Script

HELLO, I am calling for the **Rhode Island Department of Health**. My name is (name). We are gathering information about the health of **Rhode Island** residents. The survey is conducted by the **Rhode Island Department of Health** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing land line telephones in private residences. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

— Number of adults

If **"1"** Are you the adult?

If **"Yes"** Then you are the person I need to speak with. Enter 1 man or 1 woman below. **[Ask gender if necessary]. Go to confidentiality statement**

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "Correct Respondent" on next page.**

How many of these adults are men and how many are women?

— Number of men

— Number of women

The person in your household that I need to speak with is _____.

If **"You"**, Go to confidentiality statement

To Correct Respondent: HELLO, I am calling for the **Rhode Island Department of Health**. My name is **(name)**. We are gathering information about the health of **Rhode Island** residents. This project is conducted by the **Rhode Island Department of Health** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[The interview may be monitored for quality assurance purposes.]

Core Sections

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

{If Q2.1 and Q2.2=88 (None), Go to next section.}

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider? (81)

[If "No", ask: "*Is there more than one or is there no person who you think of as your personal doctor or health care provider?*"]

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

1 Within past yr (1-12 months ago)
2 Within past 2 yrs (1-2 yrs ago)
3 Within past 5 yrs (2-5 yrs ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 5: Diabetes

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

[If "Yes" and respondent is female, ask: "*Was this only when you were pregnant?*"]

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

State-Added 1: Diabetes

{Ask If Core S5q1 = 1}

RI1_1. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 month has a doctor, nurse, or other health professional checked you for "A one C"?

- ___ Number of times [76 = 76 or more]
- 88 None [go to RI1_3]
- 98 Never heard of "A one C" test [go to RI1_3]
- 77 Don't know/not sure [go to RI1_3]
- 99 Refused [go to RI1_3]

{Ask RI1_2 if RI1_1=1-76, else go to RI1_3}

RI1_2. When your "A one C" was last checked, what was your "A one C" number?

- ___. A1c number (2 places to left of decimal point, one to right)
- 77.7 Don't know the number
- 99.9 Refused

RI1_3. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ Number of times [76 = 76 or more]
- 98 No feet [go to RI1_5]
- 88 None
- 77 Don't know/not sure
- 99 Refused

RI1_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 __ times per day
- 2 __ times per week
- 3 __ times per month
- 4 __ times per year

888 never
 555 no feet
 777 don't know/not sure
 999 refused

RI1_5. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1 yes
 2 no
 7 don't know/not sure
 9 refused

RI1_6. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1 within the past month (anytime less than 1 month ago)
 2 within the past year (1 month but less than 12 months ago)
 3 within the past 2 years (1 year but less than 2 years ago)
 4 2 or more years ago
 8 never
 7 don't know/not sure
 9 refused

RI1_7. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1 yes
 2 no
 7 don't know/not sure
 9 refused

RI1_8. Have you ever taken a course or class in how to manage your diabetes yourself?

1 yes
 2 no **[go to RI1_10]**
 7 don't know **[go to RI1_10]**
 9 refused **[go to RI1_10]**

RI1_9. In the past 12 months have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist?

1 yes
 2 no
 7 don't know/not sure
 9 refused

RI1_10. In the past 12 months did a doctor, nurse or other health professional give you advice about your weight?

[probe for which]

1 yes, lose weight
 2 yes, gain weight
 3 yes, maintain current weight
 4 no
 7 don't know/not sure

9 refused

RI1_11. In the past 12 months did a doctor, nurse or other health professional give you advice about physical activity?

- 1 yes
- 2 no
- 7 don't know/not sure
- 9 refused

State-Added 2: Hypertension for Diabetics

{Ask if Core S5q1. = 1 (yes); else go to section 6}

RI2_1. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?

- 1 within the past 6 months
- 2 within the past year
- 3 within the past 2 years
- 4 within the past 5 years
- 5 5 or more years ago [go to S6q1]
- 7 don't know/not sure [go to S6q1]
- 8 never [go to S6q1]
- 9 refused [go to S6q1]

RI2_2. When your blood pressure was last taken what was your blood pressure number?

___ / ___ enter number
7 7 7 7 7 7 don't know the number
9 9 9 9 9 9 refused

Section 6: Hypertension Awareness

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

6.2. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

Section 7: Cholesterol Awareness

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

7.2. About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read

- 7 Don't know / Not sure
- 9 Refused

State-Added 3: Cholesterol for Diabetics

{Ask if Core S5q1. = 1 and if Core S7q1 = 1}

RI3_1. When you last had your blood cholesterol checked, what was your cholesterol number?

- ___ ___ ___ cholesterol number
- 7 7 7 don't know the number
- 9 9 9 refused

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure":

8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 8.2. (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 8.3. (Ever told) you had a stroke? (93)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 9: Asthma

- 9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
2 No **[Go to next section]**
7 Don't know / Not sure **[Go to next section]**
9 Refused **[Go to next section]**
- 9.2. Do you still have asthma? (95)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 10: Immunization (~~& Adult Flu Supplemental Questions~~)

- Q10.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?
[Read if necessary: We want to know if you had a flu shot injected in your arm.]
- 1 Yes
2 No
7 Don't know/Not sure
9 Refused
- Q10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.
- 1 Yes
2 No **[Jan-Feb only: If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]**

- 7 Don't know/Not sure [**Jan-Feb only:** If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]
 9 Refused [**Jan-Feb only:** If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]

{Q10.4-Q10.7 to be asked January-February only. March-December, go to Q10.3}

Q10.4 During what month and year did you receive your most recent flu vaccination?

 _____ {If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

{If Don't Know, probe: "Was it before or after September 2004?"}

__/_/____ Month / Year Code approximate month and year)

77/7777 Don't know/Not Sure

99/9999 Refused

 _____ {If Q10.4 is DK or RF go to Q10.5}

Q10.5. Where did you go to get your most recent **[FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?** {CATI fill in appropriate response from Q10.1 and q10.2.}

Read only if necessary:

____ 01 A doctor's office or health maintenance organization (HMO)

____ 02 A health department

____ 03 Another type of clinic or health center

[Example: a community health center]

____ 04 A senior, recreation, or community center

____ 05 A store [Examples: supermarket, drug store]

____ 06 A hospital [Example: in-patient]

____ 07 An emergency room

____ 08 Workplace

____ or

____ 09 Some other kind of place

____ 10 Received vaccination in Canada/Mexico

____ 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)

____ 99 Refused

 _____ {If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}

Q10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? **[Interviewer note: The current flu season = Sept. '04 – Mar. '05]**

 _____ **[Do not read answer choices below. Select category that best matches response.]**

____ 01 Need: Do not need it

____ 02 Need: Doctor did not recommend it

____ 03 Need: Did not know that I should be vaccinated

____ 04 Need: Flu is not that serious

____ 05 Need: Had the flu already this flu season

____ 06 Concern about vaccine: side effects/can cause flu

- 07 _____ Concern about vaccine: does not work
- 08 _____ Access: Plan to get vaccinated later this flu season
- 09 _____ Access: Flu vaccination costs too much
- 10 _____ Access: Inconvenient to get vaccinated
- _____ 11 _____ Vaccine shortage: saving vaccine for people who need it more
- _____ 12 _____ Vaccine shortage: tried to find vaccine, but could not get it
- _____ 13 _____ Vaccine shortage: not eligible to receive vaccine
- _____ 14 _____ Some other reason

- 77 _____ Don't know/Not sure [**Probe: "What was the main reason?"**]
- 99 _____ Refused

{ If Q10.4=09/2003-03/2004 go to Q10.3; Else if Q10.4=04/2004-present, DK, REF or Blank, continue. }

Q10.7 _____ Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 _____ Yes
- 2 _____ No
- 7 _____ Don't know/Not sure [**Do not probe**]
- _____ 9 _____ Refused

{Ask of all}

Q10.3 _____ Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 _____ Yes
- 2 _____ No
- 7 _____ Don't know/Not sure [**Do not probe**]
- 9 _____ Refused

{Q10.8-Q10.11 to be asked January-February only. March-December, go to next section.}

Q10.8 _____ Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

_____ **Read each problem listed below:**

- _____ Asthma
- _____ Lung problems, other than asthma
- _____ Heart problems
- _____ Diabetes
- _____ Kidney problems
- _____ Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
- _____ -or-
- _____ Sickle cell anemia or other anemia

- 1 _____ Yes
- 2 _____ No [**Go to Q10.10**]
- 7 _____ Don't know/Not sure [**Go to Q10.10**]
- 9 _____ Refused [**Go to Q10.10**]

Q10.9 _____ Do you still have (this/any of these) problem(s)?

- 1 _____ Yes

- 2 _____ No
- 7 _____ Don't know/Not sure **[Do not probe]**
- 9 _____ Refused

Q10.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

_____ **[If necessary say: This includes part-time and volunteer work.]**

- 1 _____ Yes
- 2 _____ No **[Go to next section]**
- 7 _____ Don't know/Not sure **(Do not probe) [Go to next section]**
- 9 _____ Refused **[Go to next section]**

Q10.11. Do you have direct face to face or hands on contact with patients as a part of your routine work?

- 1 _____ Yes
- 2 _____ No
- 7 _____ Don't know/Not sure **[Probe by repeating question]**
- 9 _____ Refused

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life? (99)

[Note: 5 packs = 100 cigarettes]

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

11.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 7 Don't know / Not sure
- 9 Refused **[Go to next section]**

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Alcohol Consumption

12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

- 1 Yes
 2 No **[Go to next section]**
 7 Don't know / Not sure **[Go to next section]**
 9 Refused **[Go to next section]**
- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)
- 1 -- Days per week
 2 -- Days in past 30 days
 8 8 8 No drinks in past 30 days **[Go to next section]**
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (106-107)
- Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)
- Number
 7 7 Don't know / Not sure
 9 9 Refused

Section 13: Demographics

- 13.1. What is your age? (112-113)
- Code age in years
 0 7 Don't know / Not sure
 0 9 Refused
- 13.2. Are you Hispanic or Latino? (114)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
- 13.3. Which one or more of the following would you say is your race? (115-120)
- [Check all that apply]**
- Please read**
 1 White

- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] _____

DO NOT READ

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{If more than one response to S13q3; continue. Otherwise, Go to S13q5.}

13.4. Which one of these groups would you say BEST represents your race? (121)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

State-Added 4: Demographics- Where born/Years in US

RI4_1. Where were you born? Were you born...

[NOTE: US Territories: Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Northern Mariana Islands, Midway Islands, Wake Island, Johnston Atoll, Baker, Howland, and Jarvis Islands, Kingman Reef, Navassa Island, Palmyra Atoll]

Please Read

- 1 in Rhode Island? **[Go to S13q5]**
- 2 in a different state in the US? (includes DC) **[Go to S13q5]**
- 3 in a US territory? **[Go to RI4_2]**
- 4 in another country to an American parent? **[Go to RI4_2]**
- 5 in another country? **[Go to RI4_2]**

Do not read

- 7 Don't know / Not sure **[Go to S13q5]**
- 9 Refused **[Go to S13q5]**

{If RI4_1 = 3, 4, or 5 continue, else go to Core S13q5}

RI4_2. How old were you when you came to live in the United States?

[Interviewer: record response as whole years only]

[Interviewer: If respondent can't remember age probe: Were you a child or an adult?]

___ Number of years [01 = age one or younger; 75=75 or older]

- 7 6 Childhood (<18 years old)
 8 8 Adult (18 years or older)
 7 7 Don't know / Not sure
 9 9 Refused
- 13.5. Are you...? (122)
- Please read**
 1 Married
 2 Divorced
 3 Widowed
 4 Separated
 5 Never married
 or
 6 A member of an unmarried couple
- DO NOT READ**
 9 Refused
- 13.6. How many children less than 18 years of age live in your household? (123-124)
- — Number of children [7=7 or more]
 8 8 None
 9 9 Refused
- 13.7. What is the highest grade or year of school you completed? (125)
- Read only if necessary:**
 1 Never attended school or only attended kindergarten
 2 Grades 1 through 8 (Elementary)
 3 Grades 9 through 11 (Some high school)
 4 Grade 12 or GED (High school graduate)
 5 College 1 year to 3 years (Some college or technical school)
 6 College 4 years or more (College graduate)
 9 Refused
- 13.8. Are you currently? (126)
- Please read**
 1 Employed for wages
 2 Self-employed
 3 Out of work for more than 1 year
 4 Out of work for less than 1 year
 5 A homemaker
 6 A student
 7 Retired,
 or
 8 Unable to work
- DO NOT READ**
 9 Refused
- 13.9. Is your annual household income from all sources...? (127-128)

[If respondent refuses at ANY income level, code 99 (Refused).]

Read only if necessary:

- 0 4 Less than \$25,000 If “no”, ask 05; if “yes”, ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no”, code 04; if “yes”, ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no”, code 03; if “yes”, ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no”, code 02
- 0 5 Less than \$35,000 If “no”, ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no”, ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no”, code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

DO NOT READ

- 7 7 Don't know / Not sure
- 9 9 Refused

13.10. About how much do you weigh without shoes? (129-132)

{Note:} If respondent answers in metrics, put “9” in column 129.}

[Round fractions up]

____ Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

13.11. About how tall are you without shoes? (133-136)

{Note:} If respondent answers in metrics, put “9” in column 133.}

[Round fractions down]

__ / __ Height
(ft / inches/meters/centimeters)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

State Added 5: City/Town

RI5_1. What city or town do you live in?

___ Enter Town code {Autocode to county}

- 7 7 7 Don't know / Not sure
9 9 9 Refused
- 13.12. What county do you live in? (137-139)
- FIPS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 13.13. What is your ZIP Code where you live? (140-144)
- ZIP Code
 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 Refused
- 13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)
- 1 Yes
2 No **[Go to Q13.16]**
7 Don't know / Not sure **[Go to Q13.16]**
9 Refused **[Go to Q13.16]**
- 13.15. How many of these phone numbers are residential numbers? (146)
- Residential telephone numbers **[6=6 or more]**
 7 Don't know / Not sure
 9 Refused
- 13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 13.17. Indicate sex of respondent. **[Ask only if necessary]**. (148)
- 1 Male **[Go to next section]**
2 Female **{If respondent is 45 years old or older, [Go to next section]}**
- 13.18. To your knowledge, are you now pregnant? (149)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 15: Disability

The following questions are about health problems or impairments you may have.

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (152)

[Note: Include occasional use or use in certain circumstances.]

1 Yes
2 No
7 Don't know / Not sure
9 Refused

State-Added 6: Disability Screening Question

- RI6_1. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

1 Yes
2 No [Go to Q16.4]
7 Don't know / Not sure [Go to Q16.4]
9 Refused [Go to Q16.4]

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, Go to next section.}

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Note: If a respondent question arises about medication, then the interviewer should reply: ***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***

Section 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

- 17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)
- 1 __ Per day
 2 __ Per week
 3 __ Per month
 4 __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 17.2. Not counting juice, how often do you eat fruit? (161-163)
- 1 __ Per day
 2 __ Per week
 3 __ Per month
 4 __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 17.3. How often do you eat green salad? (164-166)
- 1 __ Per day
 2 __ Per week
 3 __ Per month
 4 __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)
- 1 __ Per day
 2 __ Per week
 3 __ Per month
 4 __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 17.5. How often do you eat carrots? (170-172)
- 1 __ Per day
 2 __ Per week
 3 __ Per month
 4 __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)
- 1 __ Per day
 2 __ Per week

- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 18: Physical Activity

{If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, Go to Q18.2.}

- 18.1. When you are at work, which of the following best describes what you do? Would you say? (176)

[Note: If respondent has multiple jobs, include all jobs.]

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Please read

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2. Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (177)

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- _ _ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**
- 7 7 Don't know / Not sure **[Go to Q18.5]**
- 9 9 Refused **[Go to Q18.5]**

- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (180-182)

- _ : _ _ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 18.5. Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as

running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
(183)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
(184-185)

- Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(186-188)

- ._:._ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 19: HIV/AIDS

{If respondent is 65 years or older; Go to next section}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.
(189)

- 1 Yes
- 2 No [Go to Q19.4]
- 7 Don't know / Not sure [Go to Q19.4]
- 9 Refused [Go to Q19.4]

19.2. Not including blood donations, in what month and year was your last HIV test?
(190-195)

[Note: If response is before January 1985, code "Don't know."]

- ._./._._._ Code month and year
- 7 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 9 Refused

19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility, or somewhere else?
(196-197)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic

- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 08 Drug treatment facility
- 7 7 Don't know / Not sure
- 9 9 Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 20: Emotional Support & Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

20.1. How often do you get the social and emotional support you need? (199)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

20.2. In general, how satisfied are you with your life? (200)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Optional Modules

Finally, I have just a few questions left about some other health topics.

Module 10: Random Child Selection

{If Core S13q6 = 00, 88, or 99 (no children under age 18 in the household, or refused), Go to next Module.}

{If Core S13q6 = 1}:

INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod10_1.]

{If Core S13q6 is >1 and Core S13q6 does not equal to 88 or 99}:

INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

{CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.} This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER: "I have some additional questions about one specific child. The child I will be referring to is the "Xth" child in your household. All following questions about children will be about the "Xth" child."

Mod10_1. What is the birth month and year of the "Xth" child? (294-299)

__/____	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

{CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12). }

Mod10_2. Is the child a boy or a girl? (300)

1	Boy
2	Girl
9	Refused

Mod10_3. Is the child Hispanic or Latino? (301)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Mod10_4. Which one or more of the following would you say is the race of the child? (302-307)

[Check all that apply]

Please read

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] _____

DO NOT READ

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{If more than one response to Mod10_4; continue. Else go to Mod10_6.}

Mod10_5. Which one of these groups would you say best represents the child's race? (308)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Mod10_6. How are you related to the child? (309)

Please read

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) include biologic, step and adoptive sibling
- 5 Other relative
- 6 Not related in any way

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Child Flu Module – January – February

{Q13.20-Q13.26 to be asked January-February only. March-December, go to next section.}

{Ask questions Q13.20-Q13.26 following Module 10 during January and February 2005.}

Q13.20 Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 _____ Yes

2 _____ No **[Go to Q13.22]**

7 _____ Don't know/Not sure **[Probe by repeating the question] [Go to Q13.22]**

9 _____ Refused **[Go to Q13.22]**

Q13.21 Does **[Fill: he/she]** still have (this/any of these) problem(s)?

1 _____ Yes

2 _____ No

7 _____ Don't know/Not sure **[Do not probe]**

9 _____ Refused

Q13.22 **(If child is less than 6 months old, go to next section, otherwise ask):** During the past 12 months, has **[Fill: he/she]** had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 _____ Yes

2 _____ No

7 _____ Don't know/Not sure **[Do not probe]**

9 _____ Refused

Q13.23 During the past 12 months, has **[Fill: he/she]** had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™.

1 _____ Yes **[Go to Q13.24]**

2 _____ No **[If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]**

7 _____ Don't know/Not sure **[Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]**

9 _____ Refused **[If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]**

Q13.24 During what month and year did **[Fill: he/she]** receive the most recent flu vaccination?

_____ **(If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray.")**

[If Don't Know, probe: "Was it before or after September 2004?" Code approximately month and year]

__/____ Month / Year **[If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]**

77/7777 Don't know/Not Sure

____ 99/9999 Refused

(If Q13.24 is DK or RF, go to Q13.25)

Q13.25 What is the **MAIN** reason **[Fill: he/she]** has not received a flu vaccination for this current flu season?

[Interviewer note: The current flu season = Sept. '04 – Mar. '05]

_____ [Do not read answer choices below. Select category that best matches response.]

- _____ 01 _____ Need: Child does not need it
- _____ 02 _____ Need: Doctor did not recommend it
- _____ 03 _____ Need: Did not know that child should be vaccinated
- _____ 04 _____ Need: Flu is not that serious
- _____ 05 _____ Need: Child had the flu already this flu season
- _____ 06 _____ Concern about vaccine: side effects/can cause flu
- _____ 07 _____ Concern about vaccine: does not work
- _____ 08 _____ Access: Plan to get child vaccinated later this flu season
- _____ 09 _____ Access: Flu vaccination costs too much
- _____ 10 _____ Access: Inconvenient to get vaccinated
- _____ 11 _____ Vaccine shortage: saving vaccine for people who need it more
- _____ 12 _____ Vaccine shortage: tried to find vaccine, but could not get it
- _____ 13 _____ Vaccine shortage: not eligible to receive vaccine
- _____ 14 _____ Some other reason

- _____ 77 _____ Don't know/Not sure [Probe: "What was the main reason?"]
- _____ 99 _____ Refused

{If Q13.19 date is 09/2003 to present, go to next section; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26); otherwise go to next section}

Q13.26. Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

- _____ 1 _____ Yes
- _____ 2 _____ No
- _____ 7 _____ Don't know/Not sure [Do not probe]
- _____ 9 _____ Refused

State-Added 8: Children's Health Care Coverage

RI8_1. Is this child covered by any kind of health care plan, either a private plan such as Bluecross or United, or a government plan such as Medicaid, Rite Care, or Tricare?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 11: Childhood Asthma Prevalence

{If Core S13q6=00, 88, or 99 (no children under age 18 in the household, or refused); Else, Go to next module.}
{The "child" is the same child selected in Module 10}

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

Mod11_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (310)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

Mod11_2. Does the child still have asthma?

(311)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 9: Child Asthma -- School absence

{If Childhood Asthma Module q1 and q2 = yes (Have current asthma) and child is age 5 years and older in Module 10_1, ASK:}

RI9_1. In the most recent month that he/she attended school, about how many days of school did he/she miss because of his/her asthma?

- ___ ENTER NUMBER [1-73] [74=74 or more]
- 8 8 None
- 7 5 Child did not go to school
- 7 6 Home schooled
- 7 7 Don't know / Not sure
- 9 9 Refused

Module 12: Child Immunization

{Module 12 to be asked March-December only.}

{Ask Module 12 only if CHLDAGE1 ≥ 6 months of age; Else Go to next module.}

I have 2 additional questions about the "Xth" child {CATI, please fill in the correct number}.

Mod12_1. During the past 12 months, has the child had a flu shot? A flu shot is an influenza vaccine injected in [his/her] arm or thigh. (312)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod12_2. During the past 12 months, has the child had an influenza vaccine sprayed in [his/her] nose? **The influenza vaccine that is sprayed in the nose is FluMist.** (313)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 10: Health Insurance Coverage

{Ask if Core 3.1 = 1}

RI10_1 INTRO: Earlier you said you have health care coverage

RI10_1. What type of health care coverage do you use to pay for most of your medical care?
Is it coverage through:

___ ___ Enter Response

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, TriCare (formerly CHAMPUS), or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]

Or

- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

{Ask if Core 3.1 = 2 or 7}

RI10_2 INTRO: Earlier you said you do not have health care coverage or weren't sure you had health care coverage.

RI10_2. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

[IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

___ ___ Enter Response

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, TriCare (formerly CHAMPUS), or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]

Or

- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

RI10_3. Do you have any kind of insurance plan that pays for some or all of your routine dental care?

This would include private plans such as Blue Cross or Delta Dental, or government plans such as Medicaid, Rite Care, TriCare, or a Medicare supplement.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 9: Adult Asthma History

{If "Yes" to Core S9q1; continue. Else, Go to next module.}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod9_1. How old were you when you were first told by a doctor or other health professional that you had asthma?
(278-279)

- — Age in years 11 or older **[96=96 and older]**
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{If "Yes" to Core S9q2, continue; Else, Go to next module.}

Mod9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?
(282)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?
(283-284)

- — Number of visits **[87=87 or more]**
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_4. [If one or more visits to Q3, fill in (Besides those emergency room visits)], During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
(285-286)

- — Number of visits **[87=87 or more]**
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?
(280-281)

— —	Number of visits [87=87 or more]
8 8	None
9 8	Don't know / Not sure
9 9	Refused

Mod9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (287-289)

— — —	Number of days
8 8 8	None
7 7 7	Don't know / Not sure
9 9 9	Refused

Mod9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say? (290)

Please read

8	Not at any time [Go to Mod9_9]
1	Less than once a week
2	Once or twice a week
3	More than 2 times a week, but not every day
4	Every day, but not all the time
	or
5	Every day, all the time

DO NOT READ

7	Don't know / Not sure
9	Refused

Mod9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say? (291)

Please read

8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
	or
5	More than ten

DO NOT READ

7	Don't know / Not sure
9	Refused

Mod9_9. During the past 30 days, how many days did you take a prescription asthma medication to prevent an asthma attack from occurring? (292)

Please read

8	Never
1	1 to 14 days
2	15 to 24 days
3	25 to 30 days

Do not read

- 7 Don't know / Not sure
- 9 Refused

Mod9_10. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it? (293)

[INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Read only if necessary

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

State-Added 7: Adult Asthma

{Ask of people who responded yes to both core 9.1 and 9.2 (i.e persons who have current asthma) and if 13.8 = 1 or 2}

RI7_1. In the past 12 months how many days have you missed work because of your asthma?

Number of Days

[76 =76 or more days]

- 88 None
- 89 Not applicable / not employed outside of home
- 77 Don't know / Not sure
- 99 Refused

RI7_2. Has your asthma ever been made worse by chemicals, smoke, fumes or dust in any job you ever had?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

A written management plan for asthma may also be called an "asthma action plan". It is a set of instructions from a doctor or other health provider about how to self-manage asthma. It tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

RI7_3. Has a doctor or other health professional EVER given you an asthma management plan?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI7_4. Has your health provider ever discussed what to do when your asthma symptoms become worse?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 17: Arthritis Management

{If Core S16q2=1 or S16q4=1 (Yes), continue; Else, Go to next module.}

{Read the underlined portion of Mod17_1 only if this module does not directly follow Arthritis Burden Core Section 16.}

Mod17_1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (331)

Please read

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Mod17_2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (332)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod17_3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms? (333)

[Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod17_4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (334)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 11: Osteoporosis

RI11_1. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?
(Interviewer Notes: Do not include osteopenia, or low bone mass.)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI11_2. Have you ever been told by a doctor, nurse, or other health professional that you have bone loss or brittle bones? (Interviewer Notes: This includes osteoporosis, osteopenia, or low bone mass.)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If RI11_1=1 or RI11_2=1, ask RI11_3}

RI11_3. Are you currently taking prescription medicine for osteoporosis or bone loss, other than calcium supplements and/or multivitamins?

Interviewer Notes: Osteoporosis medications include:

Actonel (Risedronate)
Cholecalciferol
Ergocalciferol
Estrogen
Evista (Raloxifene)
Forteo (Teriparatide, Parathyroid Hormone)
Fosamax (Alendronate)
Miacalcin (Nasal spray calcitonin)
Rocaltrol
Testosterone
Vitamin D by prescription

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{Ask if 13.1 = 45 or older. All others skip to next section}

RI11_4. Since the age of 45, have you ever broken or fractured your wrist or your hip?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI11_5. Since you were a teenager, have you lost more than an inch of height?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 12: Home Environment questions

RI12_1. During the past 12 months, has there been water or dampness in the apartment or house where you live caused by broken pipes, leaks, heavy rain, or floods?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI12_2. Does the apartment or house where you live frequently have a mildew odor or musty smell?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State Added 13: Tobacco

{Ask if core 11.1 = 1 and 11.2 = 1 or 2. All others go to RI13_4.}

RI13_1. Previously you said you smoke cigarettes. On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day?

- __ Number of cigarettes [76 = 76 or more]
- 77 Don't know / Not sure
- 88 Didn't smoke in past 30
- 99 Refused

RI13_2. In the last 12 months, how many times have you seen a doctor or other health professional to get any kind of care for yourself?

- __ Number of times [Range 01-76] [76=76 or more]
- 88 None [Go to RI13_4]
- 77 Don't know / Not sure [Go to RI13_4]
- 99 Refused [Go to RI13_4]

{If RI13_2= 1 – 76}

RI13_3. In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- __ Number of times [Range 01-76] [76=76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

RI13_4. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco

smoke inside your house or apartment?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

___	Number of hours [If 95 or more, enter 95]
98	Not exposed at all
97	Don't know / Not sure
99	Refused

{If Core Q13.8 = 1 or 2 (employed or self-employed), continue; else go to RI13_6.}

RI13_5. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

___	Number of hours [If 95 or more, enter 95]
96	Do not work indoors
98	Not exposed at all
97	Don't know / Not sure
99	Refused

RI13_6. In the past 12 months, have you heard, read, or seen anti-smoking information?

1	Yes
2	No [Go to RI13_7]
7	Don't know / Not sure [Go to RI13_7]
9	Refused [Go to RI13_7]

Have you heard, read or seen anti-smoking information from these places --

RI13_6a. from television?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

RI13_6b. from a newspaper or magazine?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

RI13_6c. from radio?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

RI13_7. Concerning smoking in in-door work areas - should it be allowed in all areas, only in certain areas, or not be allowed at all?

1	Allowed in all areas
---	----------------------

- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

RI13_8. During the past 12 months have you received in the mail any promotional information, coupons or ads from tobacco companies?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If 13.8 = 1 or 2 continue, else go to next section.}

RI13_9. Which of the following best describes your place of work's official indoor smoking policy?

[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read

- 1 Not allowed anywhere anytime
- 2 Allowed in some places at all times
- 3 Allowed everywhere all the time

Or

- 4 No official policy

Do not read

- 6 Don't work indoors
- 7 Don't know / Not sure
- 9 Refused

State added 14: Community Life Quality

The following questions are about the community where you live.

RI14_1. How long have you lived at your current address?

- ___ Number of year **Go to RI14_3if > 2 years**
- 7 7 Don't know / Not sure
- 8 8 Less than one
- 9 9 Refused

RI14_2. How many times have you moved in the past 2 years?

- ___ Number of times
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

RI14_3. How satisfied are you with your neighborhood as a place to live? Would you say:

Please read

- 1 Very satisfied

- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Slightly dissatisfied
- 5 Very dissatisfied

Do not read

- 7 Don't know / Not sure
- 9 Refused

The next four questions are about interactions with other people and participation in community events and groups.

RI14_4. Not counting people you live and work with, how often do you talk to friends or family?

- 1 Every day or almost every day
- 2 A few times a week
- 3 A few times a month
- 4 A few times a year
- 8 Never

Do not read

- 7 Don't know / Not sure
- 9 Refused

RI14_5. In the past 6 months, that is since (**name of month -- PLEASE CATI PROGRAM here the name of the month that was 6 months prior to current month of interview**) how many times have you attended a local community event? For example, an event at a church, school or community organization, a craft exhibit or fair, a parade, or a musical event.

- ___ Number of times
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

RI14_6. All together, how many days in the past 6 months, that is since (**name of month -- PLEASE CATI PROGRAM here the name of the month that was 6 months prior to current month of interview**) did you work as a volunteer in your local school, church, senior center or other community organization?

- ___ Number of times
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

RI14_7. How much do you think service organizations understand the needs of the people living in your community? By service organizations I mean providers of health or social services. Would you say they:

Please read

- 1 Understand a lot
- 2 Understand somewhat
- 3 Understand a little
- 4 Don't understand at all

Do not read

- 7 Don't know / Not sure
- 9 Refused

RI14_8. Do you feel you can make a difference in your community? Would you say:

Please read

- 1 A big difference
- 2 Some difference
- 3 A little difference
- 4 No difference at all

Do not read

- 7 Don't know / Not sure
- 9 Refused

RI14_9. To what extent do you agree or disagree with the following statement.
By working together, people in my community can influence decisions that affect the community.
Would you say you:

Please read

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

Module 25: Sexual Violence

I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

My first questions are about unwanted sexual experiences you may have had.

{1=continue; 2=skip to next section. }

Mod25_1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (377)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod25_2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent? (378)

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER'S SCRIPT: "Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".]

Mod25_3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (379)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod25_4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent? (380)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{Ask Mod25_5 and Mod25_6 only if Mod25_3 or Mod25_4=1 (Yes).}

{If Mod25_4=1 (regardless of response to Mod25_3) then Mod25_5 reads "...the person who had sex with you..."}

If Mod25_4=2 and Mod25_3=1 then Mod25_5 reads "...the person who attempted to have sex with you..."}

Mod25_5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent. (381-382)

DO NOT READ

- 0 1 Complete stranger
- 0 2 A person known for less than 24 hours
- 0 3 Acquaintance
- 0 4 Friend
- 0 5 Date
- 0 6 Current boyfriend/girlfriend
- 0 7 Former boyfriend/ girlfriend
- 0 8 Spouse or live-in partner
- 0 9 Ex-spouse or ex live-in partner
- 1 0 Co-worker
- 1 1 Neighbor
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Other relative
- 1 6 Other non-relative
- 1 7 Multiple perpetrators (skip gender)
- 7 7 Don't know / Not sure
- 9 9 Refused

[INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question 6. If the respondent does not indicate the gender of the person, please ask Mod25_ 6.]

Mod25_6. Was the person who did this male or female? (383)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

{If Mod25_3=2, 7, 9 (No, Don't Know, Refused), continue; Else, Go to Mod25_8.}

Mod25_7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (384)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If Mod25_4=2, 7, 9 (No, Don't Know, Refused), continue; Else, go to Module 25 closing statement.}

Mod25_8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (385)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 25 Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1- 800-656-HOPE (4673)**. Would you like me to repeat this number?

Module 26: Intimate Partner Violence

The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

{1=continue; 2=skip to next section. }

Mod26_1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way. (386)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod26_2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way? (387)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Read the underlined portion of Q3; only if Q2=1 (Yes).

Mod26_3. "Other than what you have already told me about" Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to. (388)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER'S SCRIPT: For use in the second module when both Module 25 and Module 26 are being administered and one immediately follows the other: **"Now I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here".**

Mod26_4. Have you EVER experienced any unwanted sex by a current or former intimate partner? (389)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If Mod26_2 or Mod26_4=1 (Yes); continue. Otherwise, skip Mod26_5, Mod26_6, & Mod26_7.}

Mod26_5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (390)

- 1 Yes
- 2 No **[Go to next section or Module 26 closing]**
- 7 Don't know / Not sure **[Go to next section or Module 26 closing]**
- 9 Refused **[Go to Module 26 closing]**

Mod26_6. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? (391)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod26_7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you? (392-393)

DO NOT READ

- 0 1 Boyfriend
- 0 2 Girlfriend
- 0 3 Former boyfriend
- 0 4 Former girlfriend
- 0 5 Male you were dating
- 0 6 Female you were dating
- 0 7 Husband or male live-in partner

- | | |
|-----|---|
| 0 8 | Former husband or former male live-in partner |
| 0 9 | Wife or female live-in partner |
| 1 0 | Former wife or former female live-in partner |
| 1 1 | Other |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Module 26 Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat this number?

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- | | |
|----|---------|
| 01 | English |
| 02 | Spanish |